

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JO</i>		07/27/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	920	09-14-01
RESPONSE FORMALITY REVIEW	HA	858	01/15/02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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10-07  
 12/15/03  
 2-2-02  
 01/15/02